



POLICE DEPARTMENT

1901 DELAFIELD STREET
WAUKESHA, WISCONSIN 53188-3672
TELEPHONE: (262) 524-3831 FAX: (262) 524-3897

RUSSELL P. JACK

Chief of Police

WAUKESHA POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

APPLICANT: Read the authorization for release of information listed below. Your completion of this document allows the *Waukesha Police Department* to investigate your background and gives your permission for the release of information from the below listed sources.

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to provide to the *Waukesha Police Department* and/or any representative thereof any and all information you may have concerning the following:

1. Employment history, including, without limitations, all disciplinary records, performance evaluations, sick leave records, background reports, and any other matters contained within my personnel file.
2. Scholastic and any other records from any school, college, university, or other educational institution.
3. Records maintained by any law enforcement agency, including but not limited to records of arrest and/or conviction, juvenile records, or those relating to traffic violations.
4. Military records including the U.S. Veteran's Administration and Selective Service System.
5. Any business, public utility, financial or credit institution to obtain financial statements, records of loans, credit reports or ratings, or other records.
6. Any public or private social service agency.
7. Friends, relatives, neighbors, past and/or present landlords, and mortgage/property management records.

This information will be used to assist the *Waukesha Police Department* to determine my qualifications and fitness for the position I am seeking with the *Waukesha Police Department*. Please provide the *Waukesha Police Department* and/or any representative thereof any information falling within the categories listed above, including any information which otherwise would be considered confidential or privileged, and permit the *Waukesha Police Department* to make copies of that information if it so desires.

Pursuant to Section 103.13 of the Wisconsin State Statutes, demand is hereby made that you provide access and upon request, copies of all relevant records in your possession to the bearer of this waiver.

I hereby release and hold harmless on behalf of myself, my heirs, assigns, and successors interest forever, both you and/or your employer or organization, from any liability or damage whatsoever which may result because of your responses to this request for information. Further, I covenant not to sue you or your employer or organization for any information that is released in response to this request. In making these statements I understand that information which you give may result in my not being employed. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I hereby waive any rights to inspect, review or otherwise obtain the contents of the background investigation conducted by authorized agents of the *Waukesha Police Department*. I further waive any and all rights I may have under Chapter 103 or Chapter 19 or any other sections of the Wisconsin Statutes. I further waive any rights I may have to inspect, view, or have produced to me the contents of this background investigation as proved for in any other applicable document or statute, including but not limited to, any labor contracts or employment agreements or any Federal statutory or administrative regulations.

A photocopy or facsimile reproduction of this request shall be, for all intents and purposes, as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You may retain this form for your files.

Applicant Signature

Date

Applicant Name (Print)

Date of Birth

Social Security Number

Notary Seal

Notary Signature

Commission Expiration Date

